

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09781889	FILING DATE	01-12-01
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	15	↓	↓	↓		
TOTAL CLAIMS	20					

TOTAL IND.	↓	↓	↓
TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS			